

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037630

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 5 1962

Primary Registration District No.

3006

Registrar's No.

624

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

## 1. PLACE OF DEATH

a. COUNTY

BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

COLUMBIA

Length of stay in 1b

10 Hrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONUNIVERSITY OF MISSOURI  
MEDICAL CENTER

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

FRANKLIN

Inside Limits

Yes ☐ No ☒

c. CITY

ST. CLAIR

OR  
TOWN

d. STREET

Route 2

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FRANCIS

ELBERT

CARVER

## 4. DATE OF DEATH

Month

Day

Year

NOVEMBER 2, 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Dec. 26, 1924

## 9. AGE (last birthday)

37

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Parts

## 10b. KIND OF BUSINESS OR INDUSTRY

Auto parts manu.

## 11. BIRTHPLACE (City and state or country)

FRANKLIN CO. Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

ROY CARVER

## 13b. MOTHER'S MAIDEN NAME

SULIA WIDEMAN

## 14. NAME OF HUSBAND OR WIFE

GLADYS CARVER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WWII

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

UNIVERSITY OF MISSOURI

MEDICAL RECORDS

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## PART I. IMMEDIATE CAUSE (a)

CHRONIC GLOMERULONEPHRITIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BILATERAL PNEUMONIA

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 11-1-62

to 11-2-62

and last saw her live on 11-2-62

Death occurred at 1:30

A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Seland u d d d P b e f a m a

## 22b. ADDRESS

univ. of mo. med center

## 22c. DATE SIGNED

11-2-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

11-2-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Lonedale Mo.

## 23d. LOCATION (City, town, or county)

ST. CLAIR, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Barren Funeral Service Columbia Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov 2 1962

## 26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1962

NOV 26 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George R. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.